

Polcastro

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Ray Mock, Deputy Geneva County Jail PO Box 115 Geneva, AL 36340</p> </div> <p>2. Article Number <i>Transfer from service label</i></p>	<p>A. Signature X <i>Kenneth Lick</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>10/3/05</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p><i>1:05cv909 (cmp + order 40 dg)</i></p> <p>7005 1160 0001 3017 0460</p> <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1640</p>	

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<p><i>1:05cv909 (cmp + order 40 dg)</i></p> <p>7005 1160 0001 3017 0446</p> <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1640</p>	

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<p>7005 1160 0001 3017 0453</p> <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1549</p>	

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<p>7005 1160 0001 3017 0477</p> <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1549</p>	